

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

17886

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **5800 Arsenal Street**)  
*City Infirmary*

File No. ....  
Registered No. **4078**  
St. .... Ward

**2. FULL NAME**

**JOHN HONG**  
(a) Residence, No. **5800 Arsenal St.** Ward. **13**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **57** yrs. **11** mos. **1** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**Mar 25, 1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.

**57 5 10**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**(N/A) Labor**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

**N/A**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **MISSOURI**

13. NAME **BEN M LONG**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

15. MAIDEN NAME **Helen Mary Jenkins**

16. BIRTHPLACE (CITY OR TOWN) **North Carolina** (STATE OR COUNTRY)

17. INFORMANT **MRS. M. EFFINGER** (ADDRESS) **5800 ARSENAL**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **mt Olive** DATE **May 8, 1928**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **716 S. ...**

20. FILED **7 10 28** 19 **28** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/5/33**, 19

22. I HEREBY CERTIFY, That I attended deceased from **5/4/33**, 19, to **5/5/33**, 19.

I last saw him alive on **5/5/33**, 19. Death is said

to have occurred on the date stated above, at **5:30 AM**.

The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis**

Date of onset

**7 3 12**

**4 30**

**2 3**

Other contributory causes of importance:

**Pulmonary Tuberculosis**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **Paul J. M. ...** (Signed) **City Hospital #1.**, M. D.

(Address) **City Hospital #1.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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